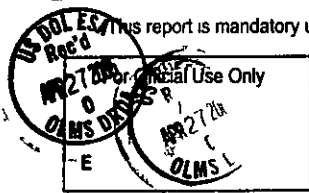


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

| | |
|---|--|
| 1 File Number U <u>530-938</u> <u>25411</u> | 2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u> |
| 3 Name and address of person filing Name <u>Roy</u> <u>W</u> <u>Peebels</u> P O Box Bldg Room No If any _____ Street <u>14350 HARMONY Church Rd.</u> City <u>W FRANKFORT</u> State <u>IL</u> ZIP Code + 4 <u>62896</u> | 4 Name file number and address of labor organization Name <u>BRICKLAYERS + Allied CRAFTS</u> <u>LOCAL 8 IL</u> Labor Organization File Number <u>530-938</u> P O Box Building and Room Number if any <u>6569</u> Street <u>3301 BOARDWALK</u> City <u>CHAMPAIGN</u> State <u>IL</u> ZIP Code + 4 <u>61826</u> |
| 5 Position in labor organization <u>Recording Secretary, Murphysboro Chapter</u> | |

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

| | |
|--|--|
| A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6 Name and address of Employer (including trade name if any) Name _____ Trade Name if any _____ P O Box Bldg Room No If any _____ Street _____ City _____ State _____ ZIP Code + 4 _____ | 7 a Nature of Interest Transaction or Income _____ _____ _____ 7 b Amount _____ |

Signature

| | | |
|---|---------------------------|---|
| 15 Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions) | | |
| Signed <u>Roy W Peebels</u> | On <u>4-20-06</u> Date | <u>618-937-2383</u> Telephone Number |

Name of Person Filing

Roy W Peebels

File Number U

530-938

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name

INTERNATIONAL
MASONRY Institute

Trade Name if any

P O Box Bldg Room No if any

Street

42 East Street

City

Annapolis

State

Maryland

ZIP Code + 4

21401

9 Business deals with



a Labor Organization



b Trust



c Employer

1776 Eye Street
NW 5th Floor
Washington D.C. 20006

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

Wages earned for
instructing brick + block Laying

12 b Amount

14418.40

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer

or Consultant

?

14 b Amount of payment.

| | | | |
|---|---|--|--|
| Copy C For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.) | | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. | |
| a Control number | 1 Wages, tips, other compensation 14418 40 | 2 Federal income tax withheld 2436 68 | |
| d Employee's SSN 342-46-0304 | 3 Social security wages 14418 40 | 4 Social security tax withheld 893 93 | |
| b Employer ID number 52-0907999 | 5 Medicare wages and tips 14418 40 | 6 Medicare tax withheld 209 06 | |
| c Employer's name, address, and ZIP code INTERNATIONAL MASONRY INSTITUTE 1776 EYE STREET N W 5TH FLOOR WASHINGTON DC 20008 | | | |
| e Employee's name, address, and ZIP code ROY W PEEBELS 14350 HARMONY CHURCH RD W FRANKFORT IL 62896 | | | |
| 7 Social security tips | 8 Allocated tips | 9 Advance EIC payment | |
| 10 Dependent care benefits | 11 Nonqualified plans | | |
| 12a | 13 Stat Emp Ret plan 3rd-party sick pay | | |
| 12b | 14 Other | | |
| 12c | | | |
| 12d | | | |
| IL 16515730 | 14418 40 | 432 58 | |
| 15 State Employer's state I.D. # | 16 State wages, tips, etc. | 17 State income tax | |
| 18 Local wages, tips, etc. | 19 Local income tax | 20 Locality name | |